

**Commonwealth of Virginia**  
**Application for a Sewage Disposal and/or Water Supply Permit**

Health Department ID \_\_\_\_\_

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**To Be Completed By The Applicant**

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Type of sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional ☐ Renewal  
FHS/VA ☐ Yes ☐ No Case No. \_\_\_\_\_

**Owner** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** *home* \_\_\_\_\_  
*work* \_\_\_\_\_

**Agent** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

Directions to property \_\_\_\_\_

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification: Tax map grid and parcel \_\_\_\_\_

Dimension/size of lot or property \_\_\_\_\_

**Other Application Information**

**I. Building/ facility** ☐ New ☐ Existing  
Intermittent use ☐ Yes ☐ No If yes, describe: \_\_\_\_\_

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**II. Residential Use** ☐ Yes ☐ No  
Termite treatment ☐ Yes ☐ No  
Single family dwelling: number of bedrooms \_\_\_\_\_  
Multi-family dwelling: number of units \_\_\_\_\_ No. of bedrooms/unit \_\_\_\_\_  
Basement ☐ Yes ☐ No  
Fixtures in Basement ☐ Yes ☐ No

**III. Commercial Use** ☐ Yes ☐ No Describe: \_\_\_\_\_

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Commercial/Wastewater ☐ Yes ☐ No Number of Patrons \_\_\_\_\_ No. of employees \_\_\_\_\_

If yes, give volumes and describe \_\_\_\_\_

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**IV. Water Supply:** **Public:** \_\_\_\_\_ New \_\_\_\_\_ Existing  
**Private:** \_\_\_\_\_ New \_\_\_\_\_ Existing  
Describe: \_\_\_\_\_

**V. Proposed Sewage Disposal Method:**  
Onsite Sewage Disposal System: ☐ Septic tank & drainfield  
☐ LPD ☐ Mound ☐ Other \_\_\_\_\_ ☐ Public sewerage system

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainageways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

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Signature of Owner/ Agent

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Date